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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)											
		Sam Farr  Address (number and street)   Check if address changed						2. Condidate's EEC Identification Number				
	(b) Address (number and street) P.O. Box 7548	□ Cneck if address changed			2. Candidate's FEC Identification Number H4CA17021							
	(c) City, State, and ZIP Code					3. Is This	Nev			Amended		
	Carmel	CA 93920				Statement	X (N)	OR	ш	(A)		
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate						
	DEMOCRATIC PARTY	House			CA	20						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 (year of election)											
	NOTE: This designation should be filed with the appropriate office listed in the instructions.											
	(a) Name of Committee (in full)											
	Friends of Farr											
	(b) Address (number and street) 555 Capitol Mall, Suite 1425											
	(c) City, State, and ZIP Code											
	Sacramento				CA	95814						
	Sacramento				0,1	00011						
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)												
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.												
NOTE: This designation should be filed with the principal campaign committee.												
(a) Name of Committee (in full)												
(b) Address (number and street)												
(c) City, State, and ZIP Code												
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.												
	Signature of Candidate											
Sc	um Farr			[Elec	tronically Filed]	11/20/2012						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												

FEC FORM 2 (REV. 02/2009)